

FILED OCT 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29911

State File No.

BIRTH NO. REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY: <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Malden, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Malden, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>212 North Beckwith</u>		d. STREET ADDRESS (If rural, give location) <u>212 North Beckwith St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Morris</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 20, 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u>	8. DATE OF BIRTH <u>July 31, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>20</u>	IF UNDER 4 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Thompson Motor Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BOOK KEEPER</u>	11. BIRTHPLACE (State or foreign country) <u>Kenton, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John W. Morris</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZA J. KENNEDY</u>	14. NAME OF HUSBAND OR WIFE <u>Louis Ann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>487-24-7630</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ADELAIDE MORRIS</u> ADDRESS <u>MALDEN, MO.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bronchial, terminal</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma, left lung</u>		<u>8 months</u>
	DUE TO (c) <u>Metastases, left mandible & clavicle</u>		<u>3 months</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Occlusion, old, healed</u>		<u>2 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>163x</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from 30 Nov 1948 to 20 Sept 1950, that I last saw the deceased alive on 20 Sept 1950, and that death, occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter S. Williams, M.D.</u> (Degree or title)	23b. ADDRESS <u>Malden, Mo.</u>	23c. DATE SIGNED <u>20 Sept 50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 21, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MALDEN MEMORIAL</u>	24d. LOCATION (City, town, or county) (State) <u>Malden Mo</u>
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DATE REC'D BY LOCAL REG. <u>Sept 26, 1950</u>	REGISTRAR'S SIGNATURE <u>J. D. Schawman 87</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Way Memorial Home Malden, Mo</u> ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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0551
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RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT10-2-50.....
COUNTY FILE NUMBER 1050-276

OCT 1 1950

OCT 14 1950

OCT 1 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *J. W. Schuman*

Licensed Embalmer No. 4086

P. O. Address *Malden*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.